

ECT visitor / Formative Mini-CEX Assessor Application Form

TP003



Personal Details			
Surname:		Given Names:	
Preferred Name:		Title:	
Address:			Post Code:
Phone (Home):		Phone (Mobile):	
E-mail:			
Entity (legal trading name):			
ABN:			
Registration / Qualifications			
AHPRA medical registration number:			
ACRRM Membership Number			
RACGP Membership Number			
Health/Medical History			
Do you have a disability or injury likely to affect your ability to perform the role being applied for? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'yes', please provide details:			
<i>Note: a disability or prior injury does not preclude engagement by WAGPET.</i>			
Do you have any current convictions for any offences from any court, or are you currently the subject of any charge pending before any court? You do not need to give details of any conviction which has been declared spent (Spent Convictions Act 1988). <input type="checkbox"/> Yes <input type="checkbox"/> No			
If 'Yes', please provide details:			
Disclosure of Interest			
Organisation	Position	Paid/unpaid	Term of engagement

Region(s) where you are able to conduct ECT visits (please check one or more boxes)

<input type="checkbox"/> Perth East	<input type="checkbox"/> Perth South	<input type="checkbox"/> South West	<input type="checkbox"/> Central Wheatbelt
<input type="checkbox"/> Perth North	<input type="checkbox"/> Goldfields/Esperance	<input type="checkbox"/> Great Southern	<input type="checkbox"/> Kimberley
<input type="checkbox"/> Peel	<input type="checkbox"/> Pilbara	<input type="checkbox"/> Mid-West	

Declaration

- I declare the above statements to be true in all respects.
- I declare that I have an unrestricted right to work in Australia.
- I acknowledge that any statement which is found to be false or deliberately misleading may be cause, if I am offered a contract, to terminate that contract.
- I confirm that I have appropriate Medical Indemnity Insurance in place that covers my activities as an external assessor.
- I understand that in the course of administering the AGPT program, WAGPET collects data and information from and about me for the purposes of, including but not limited to:
 - Administering and managing my involvement in the AGPT program; and
 - Conducting program monitoring, quality assurance and evaluation relevant to public health or public safety, and for program improvement purposes.
- I give my consent to WAGPET to disclose my information to the Department of Health, ACRRM, RACGP, and any other party as deemed necessary from time to time in support of the delivery and administration of the AGPT program, or as required by law.

Signature:	Date:
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Please attach your current curriculum vitae and a response to the selection requirements as outlined in the External Clinical Teaching Policy (available from http://wagpet.com.au/images/uploads/documents/WAGPET_Training_Facility_Policy_Handbook.pdf) in support of this application.

All information provided will be treated as confidential by WAGPET.

Thank you for your interest in this position.